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FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005901 (3)**

1. Corporation Name

**THE HOPE FOUNDATION, INC.**



Principal Place of Business <b>1201 CAPE CORAL PARKWAY CAPE CORAL FL 33904</b>	Mailing Address <b>1201 CAPE CORAL PARKWAY CAPE CORAL FL 33904</b>
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3. Date Incorporated or Qualified

**12/01/1994**

4. FEI Number

**65-0534028**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESKIN, HAROLD S  
1201 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ESKIN, HAROLD S</b>
STREET ADDRESS	<b>1201 CAPE CORAL PARKWAY</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>CPA</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SWEENEY, JAMES P</b>
STREET ADDRESS	<b>1003 DEL PRADO BLVD., STE. 300</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KNIFA, RANDY</b>
STREET ADDRESS	<b>3680 BROADWAY</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ABELL, ANGELA</b>
STREET ADDRESS	<b>12470 WOODTIMBER LANE</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33913</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VICTORIA SWEET, RN</b>
STREET ADDRESS	<b>9501 CYAC DR</b>
CITY-ST-ZIP	<b>FOAT MYERS, FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0058148

CR2E037 (10/97)